# 2001-2002
# ANNUAL REPORT

*Northern Health in Northern Hands*

Burntwood
Regional Health Authority

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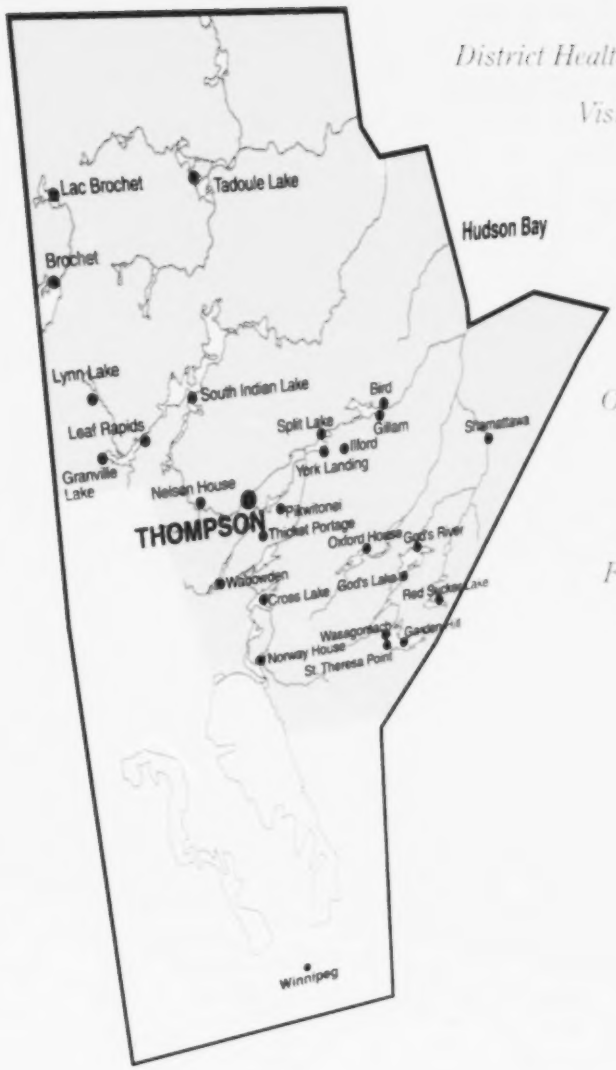


The huge area of the Burntwood Regional Health Authority encompasses 52% of Manitoba's land mass or a total of 213,000 square miles with a population of 45,000!

NOTE: Photographs used herein are taken of actual employees and models.

# CHAIRPERSON MESSAGE

**I AM PLEASED ONCE AGAIN** to have the privilege of bringing you greetings on behalf of the Board of Directors of the Burntwood Regional Health Authority (BRHA). During the 2001/2002 year the BRHA Board has expanded its membership to include Board members from Brochet, Shamattawa, and Garden Hill. We have recruited a new President and CEO, Karen McClelland who has shown herself to be dedicated to improving both access to and quality of health services for the people of northern Manitoba.

"A major focus... this year was to review the ends the BRHA wishes to achieve in the way of health services for the people..."

A major focus of the BRHA Board and District Health Advisory Councils this year was to review the ends the BRHA wishes to achieve in the way of health services for the people of the Burntwood region.

At one of our meetings, a valued employee of the Health Authority, Dr. Albert de Villiers, said that our vision statement "Northern Health in Northern Hands" means that every person in the region has the power and the opportunity to get involved and take charge of his/her own health.

This was an eye-opening statement for me and it is true - we can all have a positive impact on our own health, whether through some form of physical activity, or healthy eating practices, or in some other fashion. I believe that when we take that step we will find ourselves feeling healthier and more energetic, and perhaps relying a bit less on the health care system.

"Our challenge to you is ... to really and truly take Northern Health in Northern Hands."

We have a Board end referring to decrease in preventable illness and injuries, which is one of our two highest priorities. The other is, of course healthy children and families. Health care has changed, not just in the North but everywhere. Nowadays we see an increase in many serious illnesses such as diabetes and heart disease, which hold us back when we want to achieve a better life for ourselves, our families and communities. It is up to each and every one of us to work toward the above noted ends by taking charge of our own health.

The challenge for the BRHA is to continue to work hard to ensure high quality health care services for healthy families, to decrease preventable illnesses, promote timely return to optimum health and to ensure healthy environments. Our challenge to you as an individual, on a day-by-day basis, is to really and truly take Northern Health in Northern Hands. With each of us in the Region taking up this challenge, we will see vast improvements in health overall.

Yours in health,

Connie Pringle
ChairpersonBurntwood Regional Health Authority

# MESSAGE

## IT GIVES ME GREAT PLEASURE to present the Annual Report

for the 2001/2002 year. It has been an exciting year, full of changes as well as challenges. In the midst of all the change and challenge, the Region received its first 3-year accreditation award from the Canadian College of Health Services Accreditation. A remarkable accomplishment!

The following are some of the other major achievements over the past year:

- **Increased focus on Aboriginal Health with:**
  - The establishment of a Northern Cultural Awareness program for all staff – by the end of the fiscal year a third of the staff had participated
  - Planning for the establishment of a Northern Aboriginal Population Health and Wellness Institute that will provide a forum to deal with health issues without jurisdiction playing the major role
  - Establishment of the Vice President, Aboriginal Health position for the Region
  - Signing of an agreement with Aboriginal and Northern Affairs to begin a representative workforce strategy to increase the number of Aboriginal staff in the Health Region

"It has been an exciting year, full of changes as well as challenges."

- **Programs and Services**
  - Implementation of CT Scanning at TGH
  - The advent of Telehealth with sites in Thompson, Lynn Lake, Leaf Rapids and Gillam
  - Reestablishment of the Cancer Chemotherapy Program
  - Expansion of Medical Pediatric Services into all communities in the Region with the exception of those communities covered by the Northern Medical Unit
  - Implementation of the Teen Volunteer Program at TGH
  - Recruited VP, Health Programs and Clinical Services

"I am very proud to be associated with these dedicated and caring people."

- **Capital Projects**
  - Completion of the Emergency Redevelopment Project and Open House
  - Completion of architectural drawings for the Wabowden Health Center
  - Remediation of crawl space problems in Lynn Lake Hospital
  - Revised functional program for the Personal Care Home
  - Establishment of Fund-raising Committee for the Personal Care Home – at the end of the year they were almost 1/2 way to achieving their goal
- **Revitalization of the Thompson, Lynn Lake, Leaf Rapids, Northern Affairs and First Nations DHAC's**
- **Increased visibility of BRHA's programs and services.**

The quality of programs and services in Burntwood Regional Health Authority is dependent on the people who provide those services, the management staff, the Board and the DHACs. I am very proud to be associated with these dedicated and caring people.

Respectfully submitted,

E. Karen McClelland

Karen McClelland,
Chief Executive Officer

# PROFILES

### Constance (Connie) Pringle

Thompson

Connie Pringle has been a resident of Northern Manitoba for 29 years. As part of her post-secondary education Connie attained a Bachelor's Degree in Home Economics and a Masters in Business Administration. Connie has worked in a variety of home economics and financial management positions for organizations such as the Northern Manpower Corps, Opasquia Manufacturing, Swampy Cree Tribal Council, Opasquayak Cree Nation, Northern Manitoba Business Institute and the Keewatin Community College. She presently lives and works in Thompson as the Director of Operations at Inter-Universities North. Connie has held the position of Board Chair for two years.

### Jack McIvor

Wabowden

Jack McIvor has been a resident of Wabowden since 1959. Jack was born at God's Lake. In the early 1940's the family relocated to Cross Lake, where he grew up and trapped in the Cross Lake and Walker Lake area. In 1959 he worked on highway construction between Wabowden and Thompson. He was employed with the Soab Lake Mine as a drift miner for 4-1/2 years and as a fire ranger for 5 years. More recently, Jack has retired from the Wabowden Community Council, where he was the Town Foreman for 16 1/2 years. He served as the Vice President of the Metis Federation representing the Thompson Region from 1997 to 2000 and is presently a Housing Development Officer for the same organization. Jack has also served on several school communities with Frontier School Division.

### Sel Burrows

Thompson

Sel Burrows is a retired resident of Thompson. Prior to retirement he worked as an economic development advisor, community development worker, director of fund-raising & communications and as a Corrections Department staff. He has been involved in the MGEU and CUPE. Presently he is Treasurer of Peace Brigades International, based in London England, President of the Nicaraguan Children's Fund, Chair of an environmental advisory committee, member of the Thompson Boys & Girls Club board of directors and member of the advisory committee on northern recycling. Sel is married with three children, all northern residents and eight grandchildren.

### Nettie Dearborn

Leaf Rapids

A resident of Leaf Rapids, Nettie Dearborn is a long time Northerner coming to Lynn Lake in 1964 and then moving to Leaf Rapids in 1973. Nettie has extensive experience as Board member of the Hospital Auxiliary in Lynn Lake and Leaf Rapids, Leaf Rapids Figure Skating Club, Leaf Rapids School Board, charter member of the Legion and Legion Ladies Auxiliary, President of Legion District 251, and a Board member of the Leaf Rapids Consumer Cooperative.

### Lloyd Flett

Norway House

Lloyd Flett is the administrator of the Norway Town Council, with past Board experience as Treasurer for the Norway House School Committee and member of the Local Management Board of the Manitoba Metis Federation Incorporated, Human Resource Development Corporation Department. He is past Mayor for the Community of Norway House. Lloyd is one of the inaugural Board members appointed in 1996 and has served 7 years with Burntwood Regional Health Authority Board.

### Marie Henderson

Fox Lake FN

Marie Henderson is a resident of Bird, Manitoba, also known as Fox Lake First Nation. She has been employed with the Fox Lake First Nation working in Native Alcohol & Drug Addictions Program, Education, and Treaty Land Entitlements. Marie enjoys working with the public and her work in the health department.

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### Mamie Hendren

Thompson

Mamie Hendren has been a resident of Thompson since 1968, when her husband accepted a job with INCO. She was born and educated in Scotland and is the mother of five and grandmother of twelve, most of whom live in Thompson. She has been actively involved in the community including coordinating and directing the Caledonian Dancers, and serving on committees for Minor Cross, Thompson Food Co-op, Thompson District Labour Coordinating Council, Executive Board Member of the United Food and Commercial Workers Union and was on the Manitoba Clean Environment Commission from 1982-88. She worked on the Paediatric Ward as a Nurse's Aid and Ward Clerk (1973-89), and as Director of Personnel/Human Resources (1989-97).

### Kathleen Mary "Jo" Lutley

Thompson

Jo Lutley is a World War II Veteran (Radar Operator, R.A.F.). A thirty year resident of Thompson, Manitoba, Jo came to Canada in 1956 as a Registered Nurse, state certified Midwife, and held outpost nursing positions on the Labrador Costs with the Grenfell Mission. In 1960 she transferred to the Federal Government's Indian and Northern Health Services and nursed in the Northwest Territories and in Arctic Quebec before coming to Norway House as an Area Nursing Officer in 1969 and to Thompson as Zone Nursing Officer in 1972 until she retired from the Public Service in 1983. In 1992 as a member of the Thompson General Hospital Board, Jo was also a member of the Northern Rural Health Advisory Council that helped plan for Regionalization. Jo Lutley is one of the founding members of the Burntwood Regional Health Authority Board and will complete her second term, March 31st, 2004. National and provincial recognition of her work in the North include: Member of the Order of Canada 1986, Ortho Award, Canada Public Health Assoc. for "Outstanding Contribution to Public Health in Canada" 1985, Judge J.M. George Memorial Award 1991, Manitoba Association of Registered Nurses award for "Outstanding Achievements in the Profession of Nursing" 1995, Life Membership of Army, Navy and Airforce Veterans of Canada 2002.

### Lawrence Merasty

Brochet

Lawrence Merasty has been a fisherman and trapper for many years. He also worked as a Community Health Worker for Medical Services and the Department of Highways and Airports for four years. Calm Air International also employed him for 14 years. Currently Lawrence serves as the Mayor of Brochet Community Council.

### Mike Muswagon

Norway House FN

Mike Muswagon was born and raised in Norway House, Manitoba. Mike is married to Janice. They have five children and one granddaughter. Mike has been a Councillor for the Norway House Cree Nation since 1994. He is also a chairperson of the Norway House Health Board. Mike's portfolios include Health, Child and Family Services, Day Care and Head Start. Mike enjoys fishing, trapping, hunting and cherishes time spent with his family.

### Liberty Redhead

Shamattawa

Liberty Redhead is a community member of the Shamattawa First Nation and is currently the Brighter Futures Initiative Coordinator. His previous experience includes extensive Committee and Board experience with the Assembly of Manitoba Chiefs and other affiliated organizations. He has also worked in various positions related to Mental Health for the Shamattawa First Nation.

### Fred Salter

Lynn Lake

Fred Salter has been a resident of Lynn Lake for 14-1/2 years. He has been actively involved in the "communities he has lived in"; serving the Carmen Hospital Board from 1972 to 1978, and the Lynn Lake Hospital Board from 1988 to 1994. Fred retired as Chief Administrative Officer for the Town of Lynn Lake in April 2000. Prior to that, he worked for 18 years in finance with Credit Unions.

# HEALTH ADVISORY COUNCILS

## FIRST NATIONS COMMUNITIES DISTRICT HEALTH ADVISORY COUNCIL

| | |
|---|---|
| Curtis Cordell | General Delivery, Pikwitonei ROB 1EO |
| Benji Denechezhe | G3-10 Yale Avenue, Thompson R8N OJ9 |
| Juda Keeper | General Delivery, Split Lake ROB 1PO |
| Zelda Kitchekeesik | 200-701 Thompson Drive, Thompson R8N 2A3 |
| Darlene E. Mason | General Delivery, Nelson House ROB 1AO |
| Joe L. Michel | Box 458, Lynn Lake ROB OWO |
| Elizabeth Ann Poker | Box 402, Norway House ROB 1BO |
| Merle Scatch | Box 454, Cross Lake ROB OJO |
| Leslie Turner | Ste. 903 – 364 Princeton Drive, Thompson R8N OA2 |
| Jacqueline Spence (Hart) | P.O. Box 30, Nelson House ROB 1AO |
| Eleanor Veuillot | General Delivery, Lac Brochet ROB 2EO |
| Felix Walker | 30 Trout Crescent, Nelson House ROB 1AO |
| * Jack McIvor, (Board Rep.) | 8 Bowden Street, Wabowden ROB 1SO |

## GILLAM & AREA DISTRICT HEALTH ADVISORY COUNCIL

| | |
|---|---|
| Jeanne Zwiep | P.O. Box 358, Gillam ROB OLO |
| *Marie Henderson, (Board Rep.) | Box 402, Gillam ROB OLO |

## LEAF RAPIDS & AREA DISTRICT HEALTH ADVISORY COUNCIL

| | |
|---|---|
| Frank Bloodworth, CHAIR | 27 Nisku Bay, Leaf Rapids ROB 1WO |
| Geraldine Cockerill | 62 Mikinak Bay, Box 626, Leaf Rapids ROB 1WO |
| George McKenzie | 14 Leaf Grove, Box 797, Leaf Rapids ROB 1WO |
| Hart Opperman | 51 Mikinak Bay, Box 695, Leaf Rapids ROB 1WO |
| * Nettie Dearborn, (Board Rep.) | Box 146, Leaf Rapids ROB 1WO |

## LYNN LAKE & AREA DISTRICT HEALTH ADVISORY COUNCIL

| | |
|---|---|
| Leslie M. Webb, CHAIR | Box 434, Lynn Lake ROB OWO |
| D. Neil Campbell | 165 Eldon Avenue, Box 851, Lynn Lake ROB OWO |
| Audrey Mellon | 166 McVeigh Avenue, Box 639, Lynn Lake ROB OWO |
| Bert Swann | Box 534, Lynn Lake ROB OWO |
| *Frederick Salter, (Board Rep.) | Box 282, Lynn Lake ROB OWO |

## NORTHERN AFFAIRS COMMUNITIES DISTRICT HEALTH ADVISORY COUNCIL

| | |
|---|---|
| Frances Hall (CHAIR) | Box 31, Wabowden ROB 1SO |
| Natalie Bittern | Box 12, Thicket Portage ROB 1RO |
| Jane Budd | Box 5012, Norway House ROB 1BO |
| Monica Duncan | 1088 Cree Road, Thompson R8N 1R9 |
| Samantha Duncan | Ste. 810 – 364 Princeton Dr., Thompson R8N OA2 |
| Elizabeth Isbister | Box 5053, Norway House ROB 1B0 |
| Martha McLeod | Box 184, Cross Lake ROB OJO |
| Sarah Mercredi | Box 44, Thicket Portage ROB 1RO |
| Cristo W. Spiess | Box 378, Norway House ROB 1BO |

| | |
|---|---|
| Joanne Pronteau | Box 80, Thicket Portage ROB 1RO |
| *Lloyd Flett, (Board Rep.) | Box 5042, Norway House ROB 1BO |

## THOMPSON DISTRICT HEALTH ADVISORY COUNCIL

| | |
|---|---|
| Grace Godmaire, CHAIR | Box 971, Thompson R8N 1N7 |
| Marc Constant | 213 – 424 Princeton Drive, Thompson R8N OA3 |
| Martin Foley | 259 Juniper Drive, Thompson R8N OS8 |
| Dee Michele Garrioch | 98 Arctic Drive, Thompson R8N 1G9 |
| Sya Gregovski | 67 Pickerel Crescent, Thompson R8N OZ1 |
| Dave Mackie | 51 Campbell Drive, Thompson R8N 1Z1 |
| Istiphanus D Magaji | 34 Red River Drive, Thompson R8N 1T9 |
| Randy Sawatzky | 201-79 Selkirk Ave, Thompson R8N OM5 |
| Catherine Spence | 291 Juniper Drive, Thompson R8N OS5 |
| Connie Unger | 28 Ash Drive, Thompson R8N ON8 |
| Jack Crolly | 80 Deerwood Drive, Thompson R8N 1E1 |
| Pamela Crawford | 180 Red River Drive, Thompson R8N OX2 |
| Michael Rynar | 84 Granite Crescent, Thompson R8N OV8 |
| *Mamie Hendren, (Board Rep.) | 22 Dominion Bay, Thompson R8N 1L3 |

## HEALTH PROVIDERS ADVISORY COUNCIL

| | |
|---|---|
| Kathleen Fitzgerald, CHAIR | Nurse Practitioner, Burntwood Community Health Resource Centre |
| Reid Atwater | Community Mental Health Worker, Lynn Lake Hospital |
| Gail Braun | Public Health Nurse, Nelson House Nursing Station |
| Suzanne Garbutt | Mental Health Worker, Burntwood Regional Health Authority |
| Lynn Lambert | Laboratory Technologist, Gillam Hospital |
| Brian Webber | Laboratory Technologist, Leaf Rapids Health Centre |
| *Jo Lutley, (Board Rep.) | Retired Nurse and Midwife, Thompson |

# NORTHERN HEALTH

## VISION

The Vision of the Burntwood Regional Health Authority is

*"Northern Health in Northern Hands"*

## MISSION

**The Burntwood Regional Health Authority exists so that there will be:**

- **Healthy Families**
- **Decrease in Preventable Illness and Injuries**
- **Timely Return to Optimum Health from Acute Illness**
- **Healthy Environments**

## VALUES

Success of our mission will be achieved through commitment to the following values:

- Accessibility: Health care shall be accessible to all people with choices of treatment methods made available.
- Accountability: We shall be accountable to our constituents through effective two-way communication.
- Caring: An attitude of caring shall be reflected in everything we do.
- Equitability: Client-focused health care shall be made available fairly and equally to all, without bias or favoritism.
- Quality: Continuous quality improvement shall be maintained by qualified staff through continuity of care in a seamless health care environment.
- Respect: Respect shall be maintained by recognizing the uniqueness of the individuals and cultures by maintaining collaborative and honest relationship.
- Wholistic Approach: Health is recognized within the wholistic belief in physical, spiritual, mental, and social well-being.

# ENDS POLICIES

## UPON COMPLETION OF THE Burntwood Regional Community Health Needs Assessment

in October 1997, the Board of Directors studied the document and identified four major priorities. These priorities define the Mission of the Burntwood Regional Health Authority and specifically identify why it exists.

**The four major priorities are:**

1. **Healthy families**
2. **Decrease in preventable illness and injuries**
3. **Timely return to optimum health from acute illness**
4. **Healthy environments**

**1. Healthy Families** is one of the 2 highest priorities.
It includes, but is not limited to:

- Healthy children;
- Stable, healthy families;
- Aging in place of choice;
- Those with chronic or long term conditions living in their home community;
- An addiction free population.

**2. A decrease in preventable illness and injuries** is one of the two highest priorities.
It includes, but is not limited to:

- Healthy lifestyles;
- Knowledge of good health practices;
- Decrease in preventable child/youth deaths;
- Decreased incidence of communicable diseases;
- Increase in development and enforcement of healthy public policies.

**3. A timely return to optimum health from acute illness** includes, but is not limited to:

- Timely access to quality health care services;
- Those with mental illness receive support and follow-up care;
- Reduced preventable occurrences of illness.

**4. Healthy environment** includes, but is not limited to:

- Governments at appropriate levels are aware of environmental conditions/practices that influence health;
- Communities know how to influence and are supported in changing environmental policies that have an impact on health;
- Public policies that support health;
- Healthy social environments.

The above major priorities define the Board of Directors' **"Ends Policies"** which give the staff the direction required to operate services and programs in the Burntwood Regional Health Authority.

# BURNTWOOD

## THE FOLLOWING IS A RECENT

review and assessment of the factors that have an impact on the Burntwood Region and on the planning and delivery of health services and programs in the region.

### Income and Social Status

Income disparity continues to exist within the different communities in the region. In three of the 4 major communities, family income is one of the highest in the province. By the fall of 2002, only 2 communities (Thompson and Gillam) will have a major industrial base. It is predicted that Leaf Rapids will downsize from a population of 1200 to possibly 300-400, with the closure of the mine.

### Social Support Network

Aboriginal urbanization is a growing trend, as the disparity of resources and quality of life issues on reserve continues.

In Thompson particularly, there is evidence that the transient population has increased, and has had an impact on health and social services.

As mines close in northern Manitoba, unemployment rates will be affected.

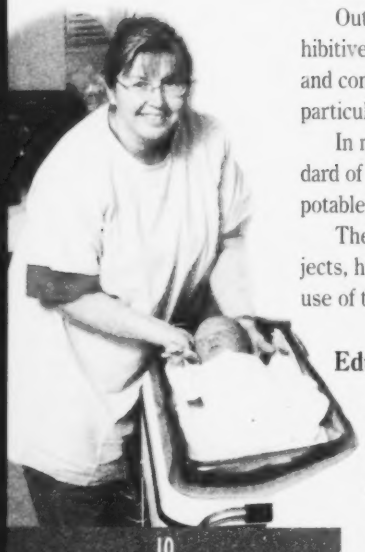
### Physical Environments

The challenge of transportation and access from remote communities to health centres and hospitals in the region continues. Many communities are only accessible by air in summer, and by ice road in winter.

Outside of Thompson, the cost of basic food is prohibitive, and access to nutritional food is problematic and contributes significantly to the incidence of disease, particularly diabetes.

In many reserve communities, a third world standard of living exists with inadequate housing, non-potable water and inadequate sewage infrastructure.

The flooding of land, related to hydroelectric projects, has had a major impact on traditional hunting and use of the land.



### Education Levels

Outside of the 4 major communities in the Burntwood region, there are few opportunities to access post-secondary education. Many students wishing to continue their education are required to leave their homes and are less likely to return to their home communities.

Disparity of consistent resources and quality of programs also exists in primary/secondary schools within the region, and children may need to leave their home community to access basic educational programs.

Community colleges and university programs within the region do not have the appropriate infrastructure to be in a position to offer distance educational courses, to enable equal access to post-secondary education. In addition, many communities do not have the infrastructure they need to support distance learning.

### Smoking Rates

The Burntwood region has the highest number of people who smoke throughout the province, as smoking begins at an early age and continues throughout life. There are high rates of hospitalization for cardiovascular and respiratory diseases related to smoking.

There are few community bylaws/regulations in northern Manitoba, which prohibit smoking in public areas.

The proportion of pregnant women who smoke continues to be higher than those women who do not smoke. Smoking during pregnancy puts the unborn baby at significant risk.

### Diabetes Rate

The prevalence of diabetes continues to be high in the Burntwood region, and is not expected to decrease in the near future. Earlier onset of diabetes in also a pattern with earlier onset of complications related to the disease.

### Incidence of Suicide

It is important to note that the rate of suicides in the Burntwood region may be significantly higher than that reported. This is due to possible misclassification of suicides as unintentional or accidents. Although the official number of deaths due to suicide between 1980 and 1998 was 131, there are an additional 64 (almost another 50%) that are undetermined as to whether they were self-inflicted. This suggests that the rate of suicide in the Burntwood Region may be much higher than that currently reported.

### Youth Injury

Hospitalization of residents in the Burntwood region

for injury and poisoning exceed the provincial average. Young males (15-25 years of age) are a high-risk group, and many live with a life-long disability related to preventable injuries, or die as a result of a fatal injury.

### Alcohol Use

Although difficult to quantify, the high consumption of alcohol is demonstrated in high rates of children/young adults with fetal alcohol syndrome/effects.

Alcohol related offences are high in the region and are related to the increased morbidity and mortality rates.

### Infectious Disease

The rates of gastrointestinal infections, sexually transmitted infections, hepatitis A, shigella, and particularly tuberculosis emerge as community-wide outbreaks, and are evidence of third world conditions in many of the communities in the North of Manitoba. The potential for HIV infection remains high, and may follow trends evidenced in areas north of the 60th parallel. The high levels of Chlamydia infections are a concern as they have been a precursor of high HIV infection rates.

### The Elderly

Although the proportion of elderly in the region is small, as compared to the rest of Manitoba, this population is at risk, as there is evidence that few live past 70 years of age, and have worse health than those of their cohorts.

### Pregnancy Rates

The rate of teen/young adult pregnancy is high in the region, and exceeds the provincial average, but there is evidence that this trend is decreasing, by data collected in 2000/2001.

### Screening Practices

The cervical cancer and breast screening rates for the Burntwood region are below the provincial average, and may be related to access and lack of culturally appropriate education and health promotion activities.

### Jurisdictional Issues

There are 3 main jurisdictions in the Burntwood region, which include the "industrial communities" (4), the Northern Affairs communities (12), and the First Nation communities (19). While efforts to collaborate/coordinate provision of services and programs are intended, inequities in access to and quality of programs and services remain. These inequities challenge the health authority, in which there is responsibility for the health of the population of the region, which is at least 60% Aboriginal. The Burntwood Regional Health Authority presently provides some level of service to each community.

### Demographic and Geographic Profile

The Burntwood region has a population profile similar to that found in developing or third world countries. The proportion of the population <15 years is the highest in the province, and the proportion >65 years is the lowest in the province.

The Burntwood region covers 52% of the landmass of the province of Manitoba, and is home to approximately 4% of the population of the province.

The population is dispersed, the climate is relatively harsh and the related transportation issues increase the cost of providing equitable health services in the region.

# FACTORS

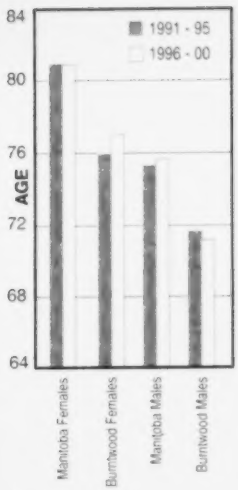



Figure 1

## HOW HEALTHY ARE WE IN THE

in the Burntwood Region? How do we measure our collective health status? Part of the answer lies in "Health Status Indicators". "Health status indicators are measures that serve as an indication of the state of health of individuals and thus the health of the overall population." (1996, Report-The Health of Canadians)

What makes people healthy? What makes people sick? We call the things that determine how healthy people are the **Determinants of Health.** These are factors and influences that shape the health of individuals or communities. Each factor that influences health is important in its own right. At the same time, the factors are inter-related. The combined influences of these factors together determine health status.

DETERMINANTS OF HEALTH:

- Income & social status
- Social support networks
- Education
- Employment & working conditions
- Social Environments
- Physical Environments
- Gender
- Culture
- Personal Health Practises
- Coping Skills
- Healthy Child Development
- Health Services
- Biology & Genetic Endowment

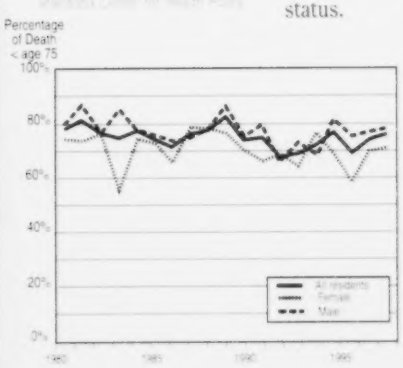



Figure 2.

As our region's population is so diverse, the indicators we use to measure how healthy we are will differ (some extensively) between income, race, gender and age groups.

### Length of life

*Life expectancy –*
*How old you can expect to become.*

Life expectancy is probably the most widely used indicator of a population's health; the longer the life expectancy, the healthier the population. The data in the figure 1 shows how old a person born today can expect to become. It means a boy born in Burntwood will live 4.6 years less than the Manitoba average (75.87 minus 71.23).

*See Figure 1.*

It also indicates that the Life Expectancy for females in the Burntwood region has increased over the 10-year period while that for males has decreased slightly.

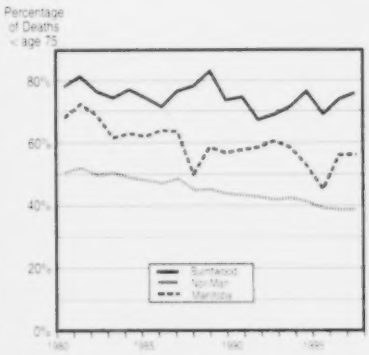



Figure 3

### Deaths

*Premature Mortality*

Premature mortality is calculated as the number of deaths that occur before a standard age. In Manitoba, the standard age is set at 75. Therefore, all deaths that occur between the ages 0 and 74 are considered to be premature.

### Premature Mortality in the Burntwood Region (PMR)

Between 1980 and 1998, there were a total of 2,532 deaths among residents of the Burntwood region. Of these, 1,889, or 75% occurred before the age of 75. Of the 1,889 premature deaths, 663 (35%) were among females and 1,221 (65%) were among males.

*See Figure 2.*

As Figure 2 illustrates, rates of premature deaths have remained relatively stable for both men and women living in the Burntwood Region. In 1980 premature deaths accounted for 80% of all deaths among males and for 79% in 1998. Among females, premature deaths accounted for 74% of deaths in 1980 compared to 71% in 1998. This is discouraging news as the proportion of deaths that are premature are much higher in the Burntwood Region than for the province.

*See Figure 3.*

As Figure 3 illustrates, the proportion of premature deaths is much higher in the Burntwood Region than for the province overall. The rate is also much higher in the Burntwood Region than the Nor-Man Region.

The premature mortality rate (PMR) is calculated as the number of premature deaths divided by the total population of the region. According to the Centre for Health Policy, Churchill, Nor-Man and Burntwood have the highest premature mortality rates in the province. However, while both Churchill and Nor-Man have shown decreases in rates between 1991-95 and 1996-00 that are statistically significant, this is not the case for the Burntwood region. In the 1996-2000 time period, Burntwood had the highest PMR in the province.

*See Table 1.* Average Annual Standardized Premature Mortality Rates

Source: Manitoba Centre for Health Policy

**Potential Years of Life Lost (PYLL)**

One very useful measurement of premature mortality is "Potential Years of Life Lost" (PYLL). The PYLL is calculated by subtracting age at death from age 75 (the standard "death age") for each person who died, and then adding all these differences for a total PYLL. This information is usually grouped by cause of death for comparison with cause-specific death rates. This measure emphasizes causes of death that tend to be more predominant among younger persons, such as accidents, congenital anomalies, and AIDS.

Between 1980 and 1998, the 1,889 premature deaths that occurred in the Burntwood Region accounted for 71,110 Potential Years of Life Lost. Males accounted for 65% of the total PYLL and females accounted for the remaining 35%.

Tables 2 illustrate the leading causes of PYLL for the Burntwood region overall for the time periods 1980-1984 and 1994-1998. Between the two time periods, PYLL among all residents increased.

| CAUSE OF DEATH 1980-1984 | Mortality rate per 10,000 |
|---|---|
| 1. Ischemic Heart Disease | 4.82 |
| 2. Suicide | 2.65 |
| 3. Accidental Drowning | 1.98 |
| 4. Water Transport Accidents | 1.42 |
| 5. Ill-defined & Unknown | 1.42 |
| 6. Pneumonia & influenza | 1.32 |
| 7. Homicide/Assault | 1.23 |
| 8. Motor Vehicle Accidents | 1.23 |
| 9. Heart Failure | 1.23 |
| 10. Excessive Cold | 1.13 |

| CAUSE OF DEATH 1994-1998 | Mortality rate per 10,000 |
|---|---|
| 1. Ischemic Heart Disease | 6.10 |
| 2. Accidental Suffocation | 2.40 |
| 3. Suicide | 2.06 |
| 4. Accidental Drowning | 1.72 |
| 5. Cerebrovascular diseases | 1.72 |
| 6. Motor Vehicle Accidents | 1.46 |
| 7. Diabetes mellitus | 1.20 |
| 8. Cardiac dysrhythmias | 1.20 |
| 9. Tranchea, bronchus, lung cancer | 1.12 |
| 10. Ill-defined & Unknown | 1.12 |

Table 3.
Top 10 leading causes of death among Burntwood Region males.
Source: Manitoba Health, Decision Support Services

As Table 2 illustrates, the leading cause of PYLL among Burntwood Region residents has changed over the 19 year period examined. Death due to suicide was the leading cause of PYLL between 1980 and 1984. Between 1994 and 1998 the leading cause of PYLL was accidental suffocation. Seven of the ten leading causes of PYLL in each time period are due to injury (whether intentional or unintentional). There are also increases in PYLL due to non-injury related deaths. PYLL due to ischemic heart disease and cerebrovascular disease increased in ranking. Both ischemic heart disease and cerebrovascular disease are impacted by lifestyle such as smoking, exercise, diet and obesity.

*See Figure 2.*

Gender analysis of the data indicates that among men, suicide has remained as the leading cause of PYLL over the 19 year time period. For females the data shows a different picture. What is most striking is the increase in PYLL due to motor vehicle traffic accidents (MVA). PYLL due to accidental drowning, homicide/assault and cerebrovascular disease also increased significantly.

While suicide was the second leading cause of PYLL amongst females in the earlier time period, suicide is not among the top ten in the later time period.

*Mortality Rates*

Mortality rates are calculated as the total number of deaths among all residents (all ages and all causes) per 1,000 residents in the region.

According to the Centre for Health Policy, standardized mortality rates in the Burntwood region were 9.61 per 1,000 between 1990 and 1994 and increasing slightly to 9.84 per 1,000 in the 1995-1999 time period. Rates in both time periods are statistically significantly higher than the provincial rates of 7.98 per 1,000 in the first time period and 7.99 in the second. Overall mortality rates in Burntwood are the highest in the province in both time periods.
*See Figure 4.*

*Causes of death*

Tables 3 and 4 list the leading causes of death for males (Table 3) and females (Table 4) with associated mortality rates for the time periods 1980-1984 and 1994-1998. The table illustrate that ischemic heart disease has remained the leading cause of death among both males and females in Burntwood since 1980.

*See Table 4.*

The mortality rate due to ischemic heart disease has increased quite substantially for men, and held relatively steady for women.

Among males, as with the leading causes of PYLL presented earlier in this report, injuries account for a fairly large proportion of the leading causes of death. Between 1980 and 1984 injuries (both intentional and unintentional) accounted for six of the ten leading causes of death. Between 1994 and 1998, there was some improvement with injuries accounting for four of the ten leading causes of death. However, upon review of Table 3, it is also apparent that other potentially preventable causes of death are now among the top ten causes of death among males. Deaths due to cerebrovascular diseases, lung cancer and diabetes are all at least some-

| REGION | PMR (per1000) 1991-1995 | PMR (per1000) 1996-2000 |
|---|---|---|
| Burntwood | 5.04 | 4.76 |
| Nor-Man | 5.45 | 4.62 |
| Churchill | 6.54 | 3.30 |
| Manitoba | 3.49 | 3.32 |

Table 1.
Average Annual Standardized Premature Mortality Rates.
Source: Manitoba Centre for Health Policy

| CAUSE OF PYLL 1980-1984 | Total |
|---|---|
| 1. Suicide | 1741 |
| 2. Accidental Drowning | 1209 |
| 3. Sudden Infant Death Syndr. | 975 |
| 4. Water Transport Accidents | 834 |
| 5. Motor Vehicle Accidents | 783 |
| 6. Homicide/Assault | 734 |
| 7. Ischemic Heart Disease | 707 |
| 8. Accident from Fire/Flames | 572 |
| 9. Excessive Cold | 546 |
| 10. Pneumonia & Influenza | 498 |

| CAUSE OF PYLL 1994-1998 | Total |
|---|---|
| 1. Accidental Suffocation | 1721 |
| 2. Motor Vehicle Accidents | 1570 |
| 3. Accidental Drownings | 1544 |
| 4. Suicide | 1485 |
| 5. Ischemic Heart Disease | 898 |
| 6. Accident from Fire/Flames | 843 |
| 7. Homicide/Assaults | 691 |
| 8. Ill-defined & Unknown | 594 |
| 9. Cerebrovascular Diseases | 485 |
| 10. Excessive Cold | 463 |

Table 2.
Top 10 Leading causes of PYLL in the Burntwood Region.

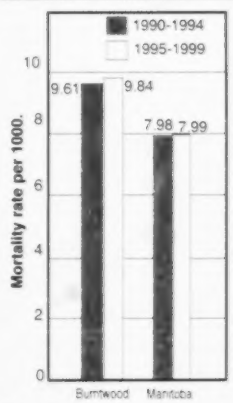



Figure 4.
Comparison of standardized mortality rates. Source: Manitoba Center for Health Policy

| CAUSE OF DEATH 1980-1984 | Mortality rate pe 10,000 |
|---|---|
| 1. Ischemic Heart Disease | 1.96 |
| 2. Cerebrovascular diseases | 1.34 |
| 3. Pneumonia & influenza | 1.24 |
| 4. Tranchea, bronchus, lung cancer | .93 |
| 5. Heart Failure | 0.93 |
| 6. Ill-defined & Unknown | 0.83 |
| 7. Suicide | 0.72 |
| 8. Accident from Fire/Flames | 0.62 |
| 9. COPD | 0.52 |
| 10. Motor Vehicle Accidents | 0.52 |

| CAUSE OF DEATH 1994-1998 | Mortality rate per 10,000 |
|---|---|
| 1. Ischemic Heart Disease | 2.09 |
| 2. Cerebrovascular diseases | 2.00 |
| 3. Diabetes mellitus | 1.36 |
| 4. Pneumonia & influenza | 1.09 |
| 5. Motor Vehicle Accidents | 1.09 |
| 6. Cardiac dysrhythmias | 1.00 |
| 7. Ill-defined & Unknown | 0.91 |
| 8. COPD | 0.91 |
| 9. Heart Failure | 0.82 |
| 10. Diseases of Resp.System* | 0.82 |

Table 4.
Top 10 leading causes of death among Burntwood Region females.
Source: Manitoba Health, Decision Support Services
*Excludes COPD, pneumonia & cancer

what preventable through risk factor and behaviour modification.

*See Table 4.*

Diabetes has appeared to be a leading cause of death for females. As Table 4 illustrates, diabetes was not among the leading causes of death in the early 1980's and yet by the late 1990's it is the third leading cause of death among women in the region. Mortality rates due to motor vehicle accidents, cerebrovascular diseases and COPD have also increased substantially. Again, these deaths are all associated with known risk factors and are therefore somewhat preventable. Improvement is seen in that suicide is no longer among the ten leading causes of death for females and death rates due to pneumonia and influenza have decreased slightly.

*Injury Mortality Rates*

Given the previous data presented in this report, it may not be surprising that the Burntwood region has the highest injury mortality rates in Manitoba in both time periods studied (see Figure 5). The injury mortality rate in the Burntwood region between 1990-94 was 0.89 per 1,000 residents, increasing to 1.02 per 1,000 between 1995 and 1999. The provincial rate was 0.44 per 1,000 in the earlier time period and 0.49 per 1,000 in the latter.

*See Figure 5*

Not only does the Burntwood Region have the highest injury mortality rate in the province, according to the Centre for Healthy Policy, the region also has the highest injury hospitalization rate.

*Infant mortality rate*

Infant mortality rate (number of infant deaths under one year old per 1000 live births per year) is considered a useful indicator of the level of health (including socio-economic conditions and ongoing medical care) within a community. Within the province there is a trend of increasing infant mortality with decreased income level.

The highest average annual infant mortality rates in Manitoba between both 1990-94 and 1995-99 are found in the Burntwood Region (see Figure 6). In addition, Burntwood was the only region in which infant mortality rates were statistically significantly higher than the provincial rates. Infant mortality rates in the Burntwood region were 9.75/1,000 between 1990 and 1994 and increased to 10.24 between 1995 and 1999. This is much higher than the provincial rates of 6.70 per 1,000 between 1990 and 1994 and 6.90 per 1,000 between 1995 and 1999.

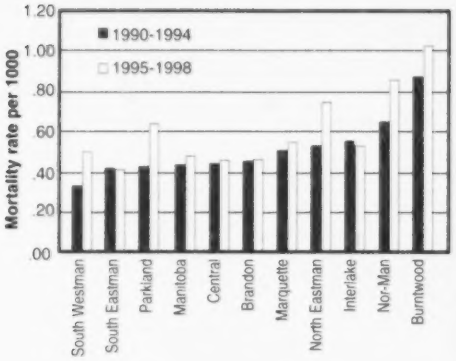



Figure 5.
Comparison of standardized injury mortality rates by region.
Source: Manitoba Centre for Health Policy

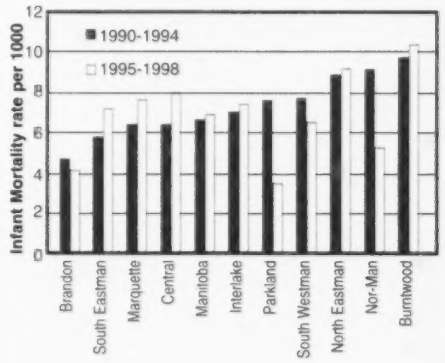



Figure 6.
Regional comparison of infant mortality rates per 1000 births
Source: Manitoba Centre for Health Policy

| CAUSE OF DEATH | NO.OF DEATHS |
|---|---|
| 1. Sudden Death /Unknown Causes | 42 |
| 2. Respiratory conditions (pneumonia, influenza, etc.) | 30 |
| 3. Congenital anomalies of respiratory system | 16 |
| 4. Disorders related to short gestation and low weight | 16 |
| 5. Congenital anomalies of urinary system. | 12 |

Table 5.
Top 5 causes of infant mortality in Burntwood, 1980-1998.
Source: Manitoba Health, Decision Support Services

*See Figure 6.*

*Causes of Infant Mortality in Burntwood*

Between 1980 and 1998 there were 215 deaths to infants under the age of 1. This means that infant deaths accounted for 8.5% of all deaths in this time period. When compared to the province this is even of more concern. For Manitoba overall, infant deaths accounted for 1.5% of all deaths in this time period.
*See Table 5.*

As Table 8 illustrates, SIDS and other unknown causes of death accounted for the highest number of infant deaths in the Burntwood region (19.5% of all infant deaths). The conditions listed in this category account for 15.5% of all infant deaths in Manitoba.

## Diseases and Conditions

*Communicable diseases*

The impact of Communicable diseases preventable by immunization has been reduced in the region (e.g. flu, measles, rubella etc). However there are diseases that do not fall into this category, like sexually transmitted infections. Sexually transmitted infections and specifically Chlamydia has increased over the last few years. These diseases are preventable and treatable. Increasing effort and resources are being mobilized to reduce its' spread and impact on our population. The distribution and epidemiology of Sexually Transmitted Infections was extensively reported in the 2000-2001 BRHA Annual Report.

*Non-communicable diseases*

Diabetes is the one of the most important non-communicable diseases affecting people in our region. It is difficult to determine exactly how many people the disease affects, because some remain undiagnosed.
*See Figure 7.*
Figure 7 shows the age-specific prevalence per 10,000 population, for diabetes in the Burntwood RHA and Manitoba in 1999.

The prevalence of diagnosed diabetes is higher in Burntwood in both males and females, compared to Manitoba as a whole. In both the Burntwood RHA and Manitoba, the highest prevalence in both males and females is in the 75-79 year age group. Males in Burntwood have a high prevalence in the age group 85+, but the small population in the age group may influence this. The prevalence is just under 2000 per 10,000 population, or 1 in 5 males in the 75-79 year age group in Manitoba have been diagnosed with diabetes. In Burntwood, females in the 75-79 year age group have a prevalence of 2 in 5 females diagnosed with diabetes.

The trend over the 11-year period from 1989–1999 shows a consistent increase in the prevalence of diabetes in the Burntwood RHA.
*See Figure 8.*

The prevalence of diabetes in the Burntwood RHA is increasing at a faster rate than in Manitoba as a whole. The Burntwood RHA maintains a higher prevalence of diabetes in females over the 11 year period. The prevalence in males in Burntwood RHA is lower than in Manitoba but is increasing at a faster rate.

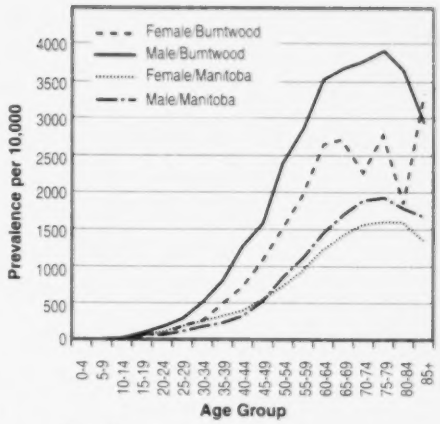



Figure 7
Prevalence of Diabetes in the Burntwood Region - 1999
Source - Manitoba Health Diabetes & Chronic Diseases Unit

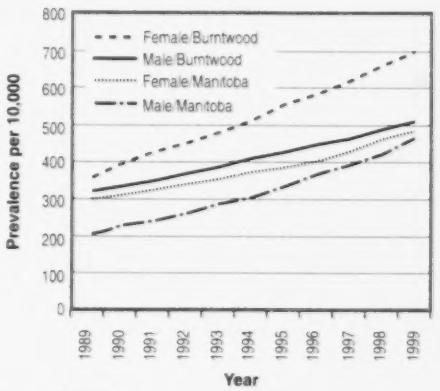



Figure 8.
Prevalence of Diabetes Burntwood Region and Manitoba - 1989 to 1999.
Source - Manitoba Health Diabetes & Chronic Diseases Unit

*Other Conditions*

**High and Low Birth Weight**

Low Birth Weight Rates

Low birth weight is defined as infants weighing less than 2500 grams at birth. In the fiscal year 2000/20001, low birth weights range from a low of 29 per 1,000 births in the South Westman region to a high of 58 per 1,000 in the Interlake. Burntwood is below the provincial average at 37.5 per 1000 births.
*See Figure 9.*

In Figure 10 it can be seen that there is a downward trend over time for low birth weight babies in the Burntwood region. This should however be interpreted with caution as the numbers are small.
*See Figure 10.*

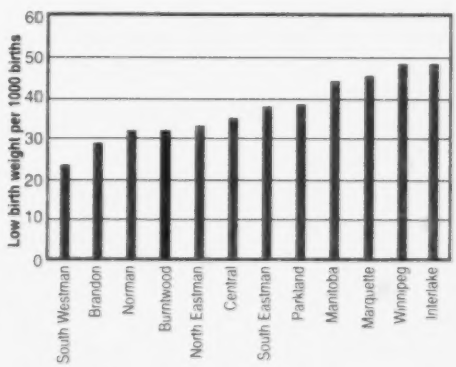



Figure 9
Low Birth Weight rates by Region: 2000/2001

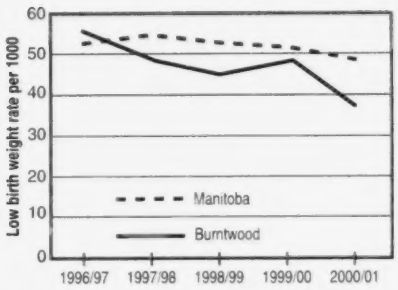



Figure 10
Low Birth Weight rates time trend comparison

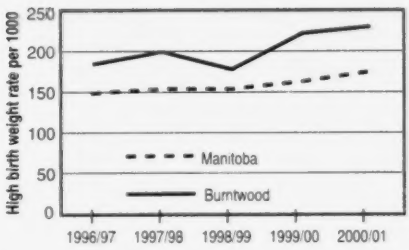



Figure 12
High Birth Weight rates time trend comparison

### High Birth Weight

High birth weight is defined as weighing greater than 4000 grams at birth. In the fiscal year 2000/2001, the high birth weight rates ranged from a low of 6.4 per 1,000 births in Winnipeg region to a high of 20.4 in the Burntwood region.
*See Figures 11 & 12.*

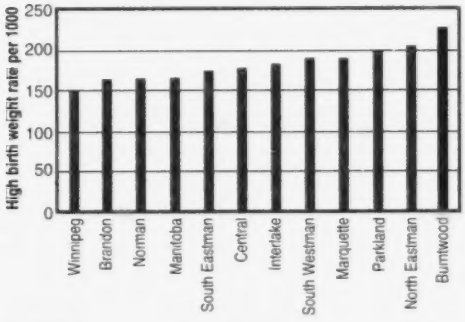



Figure 11
High Birth Weight rates by Region: 2000/2001

A slight upward trend over time has been noted. This can partly be attributed to the high incidence of Diabetes in the Region.
*See Figure 12.*

## ADOLESCENT HEALTH EDUCATION CENTRE

A Public Health Nurse works out of the Adolescent Health Education Centre at R.D. Parker Collegiate. Some of the programs offered include Smoking Cessation, prenatal classes, the Youth Behaviour Study, relationship and sexuality counseling.

## BABYFIRST/EARLY START PROGRAM

The BabyFirst program has expanded to include another Healthy Child Manitoba program. Early Start provides Home Visitors to parents of children aged 3-5 years who qualify for the program. Both programs follow a curriculum to promote optimum growth and development of our northern children.

## BAYLINE COMMUNITIES

*THICKET PORTAGE AND PIKWITONEI*

The Public Health Nurses from Thompson continue to visit every two weeks. BabyFirst Home Visitors and the Healthy Baby Healthy Mom Dietitian also visit every two weeks and provide educational sessions and support.

*WABOWDEN*

The initial architect plans are in the process of being approved. The next steps are costing of the project and tender for construction. The new Health Centre is expected to be completed in 2004.

## BURNTWOOD COMMUNITY HEALTH RESOURCE CENTRE

Staff have been working with school representatives to provide timely educational programs for women and teens. The newly expanded Footcare Program will provide integrated services with other disciplines within the region as well be available to support clients in the clinic, Thompson community and Bayline communities.

The Health Authority recognizes that the community is looking for improved accessibility to the health care services. The management and staff are reviewing and planning strategies to address the issues relating to accessibility to services and programs and to ensure progress in the development of the interdisciplinary team approach to the delivery of services.

## CENTRAL STERILIZATION & REPROCESSING DEPARTMENT

This last year Thompson General Hospital received a new autoclave. Instruments and linens are assembled into predetermined bundles for a procedure and then the bundles are placed into the autoclave for sterilization. Once they are cooled the bundles are taken to designated areas.

Recently the department has also taken on the sterilization procedures needed for the BCHRC.

Each load contains approx. 5 major and 25 minor bundles and the department processed 1759 loads last year.

## CHEMOTHERAPY

The reopening of the chemotherapy unit in early February 2002 with a 0.5 EFT RN position was a welcome addition to provide closer to home care for Northern Manitobans. Approximately 40 client visits per month occur with 25 chemotherapy treatments plus assessments.

## COMMUNITY AND PUBLIC HEALTH

The annual Influenza and Pneumococcal campaign was once again implemented in the region during November and December of 2001. Immunization was provided free of charge to all eligible individuals, and purchased at the local pharmacy by others.

During the campaign 1269 people received their Influenza Vaccine, and 105 received the Pneumococcal Vaccine.

The Burntwood Healthy Baby Healthy Mom program continues to offer community based nutritional education and support to pregnant mothers and mothers with babies.

The program continues to travels monthly to the following nine communities outside of Thompson:

| | |
|---|---|
| Gilliam | Lynn Lake |
| Leaf Rapids | Wabowden |
| Thicket Portage | Pikwitonei |
| Nelson House | Norway House |
| Cross Lake | |

In March 2002 the Burntwood Regional Diabetes Program transitioned from a demonstration project to a regional program. An evaluation project advisory committee was established in February of 2002 with mem-

bers from the community across the region. This committee and has led the extensive evaluation process of the project. The completion of the evaluation is expected for September 2002.

The program continues to expand and evolve in order to respond to the high prevalence of Diabetes in the Region. The program continues to integrate educational services into the continuum of Diabetes prevention, care, research and support services.

## DIAGNOSTICS SERVICES

In October 2001 the BRHA was able to offer limited C.T. scanning services for the first time in the region. One staff member has been training as our C.T. Technologist and two other X-ray staff have been receiving ongoing training. The goal for 2002-2003 is to have C.T. running as a full time service.

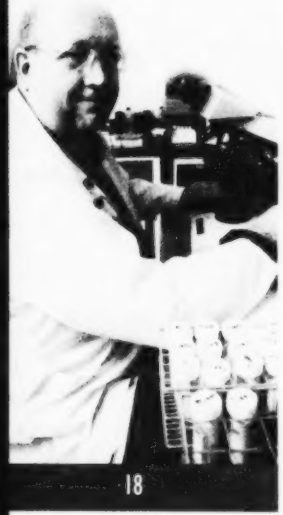
## DIALYSIS

Four new chairs have been purchased for the Dialysis unit for the safety and comfort of the patients.

## EMERGENCY DEPARTMENT

The Official opening of the Emergency Redevelopment Project took place October 24, 2001. There was excellent attendance by BRHA staff and general public. Government representatives included the Minister of Health (Dave Chomiak), and MLA Steve Ashton, Minister of Highways & Transportation. Highlights of the Open House included tours of the new department and the Teddy Bear Clinic.

The total visits to Thompson General Hospital Emergency Department (April 1, 2001 through March 31, 2002) were 26, 537.



## EMERGENCY MEDICAL SERVICES

One of the EMS initiatives this year was the replacement of two older ambulances with two new ambulances. The communities that received them were Wabowden and Cross Lake. These ambulances, valued in excess of $ 80,000 each were welcomed in each community.

A second initiative was the upgrade of the entire communication system for all ambulances, hospitals and nursing stations. This new communication system allows ambulances to communicate with one another or to hospitals, no matter where they are. It is a huge technological upgrade from the previous system that had been in existence for more than 20 years.

## GILLAM HOSPITAL

We had a successful College of Physicians and Surgeon Review in November 2001.

A pharmacy counselling room within the Gillam Hospital was completed.

The Burntwood Regional Diabetes Program came to Gillam in February 2002 and gave an in-service on the program to all the staff.

## HUMAN RESOURCES

Recruitment and retention of qualified health care professionals remains one of the greatest challenges of the BRHA. Some efforts to improve this in the past year included the recruitment team attending job fairs, visiting schools and overseas recruitment initiatives.

These initiatives resulted in the recruitment of four nurses from the Philippines, three Dietitians, six management staff, four Laboratory Technologists, one Radiology Technologist, one Midwife, thirty-one nursing staff, two Nurse Practitioners and one Physiotherapist.

## INFORMATION SYSTEMS DEPARTMENT

Information Systems continue to develop with the addition of more computers and provision of connectivity for all these machines to each other. We now have 350 nodes in the system (computers, printers, etc) Gillam has been wired for a LAN (Local Area Network) which enabled them with the addition of a connection to the PDN to receive e-mail from the TGHBRHA mail server. Similar connectivity was also accomplished with Leaf Rapids and Lynn Lake through satellite links, funded by Government Services.

## IN-PATIENT ACUTE CARE SERVICES

The medical/surgical/pediatric unit at the Thompson General hospital continues to struggle with a nursing shortage. The BRHA has had to use the services of agency nurses in order to provide nursing care to patients. Therefore the nursing unit has only been able to operate 25-30 inpatient beds during the year.

## LAUNDRY DEPARTMENT

This last calendar year the laundry staff has processed 101,281 kgs (222,819 lbs) of linen for the hospital. With the increase in programs and activity this number is expected to increase. Therefore, the staff will have a challenging year ahead.

## LEAF RAPIDS HEALTH CENTRE

In 2001/2002 the clinic and the emergency department continued to be busy throughout the year. 5395 clients were seen in clinic and 2608 clients were seen in the emergency department.

Dr. Shulman, Pediatrician, Jodi Goudy, Occupational Therapist, Warren Mason, physiotherapist and Lisa de Beer, Dietician have provided regular itinerant visits to Leaf Rapids.

Our thanks go to the Health Auxiliary, Royal Canadian Legion and the Old-timers Hockey Association for their generous donations of approximately $8,000 in equipment.

Due to the announcement of the upcoming Ruttan Mine closure on June 30, 2002, we will be faced with many challenges in the next fiscal year. It is anticipated that 74% of our current staff will be leaving Leaf Rapids. A strategic planning session was held in February and plans are underway to absorb and combine as many programs and services as possible in order to maintain an appropriate level of service for the community.

## LYNN LAKE

The major undertakings for the Lynn Lake Hospital included the construction project for the crawl space, which is nearing its completions and the advent of Telehealth.

Lynn Lake is currently at the full compliment of medical staff, although we were short stafffed for some periods during the time of 2001/2002, resulting in reduced visits to the outlying areas of Brochet, Lac Brochet and Tadoule Lake.

## MATERIALS MANAGEMENT

There were 4250 purchase orders created last year. 35,280 pieces of freight were received at the TGH and the BRHA administration buildings.

The BRHA donated 5 surplus hospital beds to the Nelson House Community Wellness Center.

## MENTAL HEALTH

In the absence of a full time psychiatrist in the Region for the past year, the Psychiatric Unit and Outpatient Psychiatric Consultation Services have been managed by 8 itinerant psychiatrists from Selkirk Mental Health Centre, who provided services approximately 3 days a week. We will have a full time psychiatrist starting August, 2002.

Gillam has been without a mental health worker for the past year now. The Mental Health program has been providing itinerant services out of Thompson approximately every three weeks.

The Community Mental Health Team has trained four staff in Applied Suicide Intervention Skills Training. The team has trained over 150 people in our region and has received very positive feedback.

## MB TELEHEALTH

Site Coordinators were hired for the 4 BRHA MBTelehealth sites at Leaf Rapids, Lynn Lake, Gillam and Thompson.

Thompson and Gillam sites became operational in January 2002.

Installation of hardware and software for satellite links for Leaf Rapids and Lynn Lake continued through March 2002. The plan is for these two sites to be operational in April, 2002.

## NORTHERN CONSULTATION CLINIC

The Northern Consultation Clinic continues to provide full-time specialist services in obstetrics/gynecology; pediatrics; ear, nose and throat; and internal medicine. Other services including general surgery and orthopaedics are provided by physicians from Winnipeg who travel to Thompson on a regular basis.

## NUTRITION SERVICES AND CLINICAL FOOD SERVICES

We successfully implemented and completed our first basic cooking program in partnership with Manitoba Training and Employment - Thompson. The cooking program consists of providing instruction in the preparation of basic meals. The course length was 14 weeks. The first graduating class had 11 participants, 7 of whom were given employment with the BRHA. Plans are in place to have a second intake in 2002/03.

There was a total of 20,872 meals served through food service department within the last year at TGH.

There were 73,320 customers served through the cafeteria last year in TGH.

There were 3 long-term employees that retired from food services last year with a total combined employment of 68 years.

## OBSTETRICS

Neonatal Resuscitation Provider Course has been made mandatory for all the staff working on the maternity unit.

Education on gestational diabetes is being provided for staff in conjunction with the Burntwood Regional Diabetes Program.

## PATIENT INFORMATION SERVICES

The 2001-2002 year was one of adjustment and renewal. The renovation of the physical space that the Emergency and Admitting departments occupy was completed in October 2001. Prior to that time, the workflow and work environment were in a state of constant change and upheaval. With an immense spirit of cooperation, the staff made the best of the situation.

A Central Registration process was initiated in November 2001. All patients presenting to TGH for diagnostic services are now registered in the Admitting/Registration department. This has improved the service that we provide to our clients.

The Physician Billing process was reassigned to this portfolio near the end of the fiscal period. We are well on the way to establishing the procedures required to permit accurate, timely and meaningful reporting of physician activity.

### *YEARLY ACTIVITY STATISTICS FOR TGH*

| | |
|---|---|
| Total Patients Admitted (excluding newborns): | 3870 |
| Total Patient Days (excluding newborns): | 13868 |
| Newborns Delivered: | 641 |
| Total Nursery Days: | 2140 |
| Average Daily Census (including newborns): | 44 |
| Total Visits to the Emergency Department: | 26,537 |
| Total Visit to the Northern Consultation Centre: | 8202 |
| Total Registrations for Outpatient Services (excluding NCC): | 27,093 |
| Total Number of Surgical Procedures in the OR: | 1,448 |
| Total of Same Day Care Procedures in the OR (included in above): | 1,114 |

## PHARMACY SERVICES

Chemotherapy services have been reactivated. As part of the Thompson General Hospital renovation program, we have a new chemotherapy room and a new pharmacy office. A full time pharmacist, responsible for regional programs and standards was recruited in the fall of 2001.

## PHYSICAL FACILITIES DEPARTMENT

### *T.G.H. OR FACILITIES REGENERATION*

During the past year the operating room suite of the Thompson General Hospital has been completely renovated. Included in the renovation was the development of a new HVAC (heating, ventilation, air conditioning) mechanical system.

### *LYNN LAKE HOSPITAL CRAWL SPACE REMEDIATION*

Ground water and mine tailings under the hospital were considered as the likely cause of a growing number of respiratory complaints coming from clients and staff of the hospital. During the past year a membrane has been installed over the crawl space floor along with a specialized ventilation system to circulate outside fresh air. As a result, air quality in the Lynn Lake Hospital has been restored and contamination caused by mine tailings has been controlled.

## REGIONAL ACCREDITATION AWARD

In April 2001, the Burntwood Regional Health Authority (BRHA) participated in a regional accreditation process through the Canadian Council on Health Services Accreditation and received a 3 year award Accreditation Status. The Burntwood Region was the first health region in Manitoba to use the AIM standards and as a result was able to provide feedback on the clarity and relevance of the standards.

The BRHA leadership and quality teams worked very diligently and attentively in the year leading up to the April survey, conducting an assessment of the programs and services offered by the BRHA against a national set of standards. From this information the teams were able to identify ways of improving client care. This work continues as the teams develop indica-

tors to evaluate the programs and services delivered regionally and on ways to continuously improve.

## REGIONAL LIBRARY SERVICES

The BRHA regional library situated at the Thompson General Hospital promotes and supports the development of staff by maintaining a relevant and current collection of resources, assists with literature searches and resources acquisitions and provides convenient access and linkage to world wide scholarly health information. Staff demands for information increased by 71% over the 2000-2001 fiscal year, and as a result more hours were added to the librarian's position.

## REHABILITATION SERVICES

### *PHYSIOTHERAPY*

A Physiotherapist was hired in July, 2002, which allowed us to re-establish a department that had been dormant for several years. We continue to recruit to a vacant position. The average number of clients (inpatients and outpatients) seen per month was 62. Seventy-five percent of the clients were from Thompson and the remaining 25% were from outlying areas including First Nations communities.

### *OCCUPATIONAL THERAPY*

The full time position remained vacant thoughout the year. Services to inpatients in Thompson Hospital were provided by the Mental Health Occupational Therapist as time allowed. Community-based services were contracted though a private Occupational Therapist from Winnipeg for 3-4 days per month, mainly in Thompson. Visits to Wabowden and South Indian Lake were also accommodated.

Physical medicine occupational services in Leaf Rapids and Lynn Lake were provided on an itinerant basis by the Mental Health Occupational Therapist during her weekly scheduled trips to those communities.

### *SPEECH AND LANGUAGE SERVICES*

This year is the first full year we have provided speech and language services for preschool age children and adults. A total of 119 clients were seen, with 40% from Thompson and 60% from outlying communities including First Nations.

### *AUDIOLOGY SERVICES*

We had the Audiologist back on a full time basis as of October 2001 bringing service delivery up to full capacity for the remainder of the year. A total of 2244 assessments of adults and children were completed with 505 from Thompson and 505 from outlying communities.

## HOME CARE PROGRAM

Services continue to be provided in the RHA communities throughout the region. We have had stability in resource and case coordinator staffing over the past year. Referrals and admissions to Home Care increased by 12%. There was a higher demand for assistance with personal care and supervision and less demand for nursing and household supports.

## LONG TERM CARE

The following numbers reflect the activity in long term care throughout the region, including admissions to the long term care beds in Gillam, Leaf Rapids and Lynn Lake.

| | |
|---|---|
| Number of Persons Assessed for Placement: | 18 |
| Number of Deceased or Removed: | 3 |
| Number Placed in Facilities: | 11 (5 placed in region) |
| Number Waiting for Placement: | 4 |

## STAFF DEVELOPMENT

A comprehensive BRHA staff development education strategy was developed and implemented. There were numerous education and training opportunities offered to staff across all disciplines and departments...

- Advanced Cardiac Life Support
- Neonatal Resuscitation Program
- Staff Orientation Program
- Quantum Learning "Managing Skills for Leaders" seminar

* Trauma Nursing Core Course

- Cardio Pulmonary Resuscitation Course and recertification
- Education Blitz (CPR, WHMIS, Fire Plan review, The Protections for persons in care act, Back care & moving and lifting and review of Oxygen therapy)
- Professional Development for Healthcare Workers workshop

- Supporting breastfeeding in premature babies and near term babies
- Introduction to Healthcare Ethics
- Mediation & Conflict Resolution for Managers
- Coaching: an effective tool for strategic leadership
- STABLE program,
- Boundaries and Assertiveness for Managers

## STOP FAS/GRASS ROOTS MENTORING PROGRAM

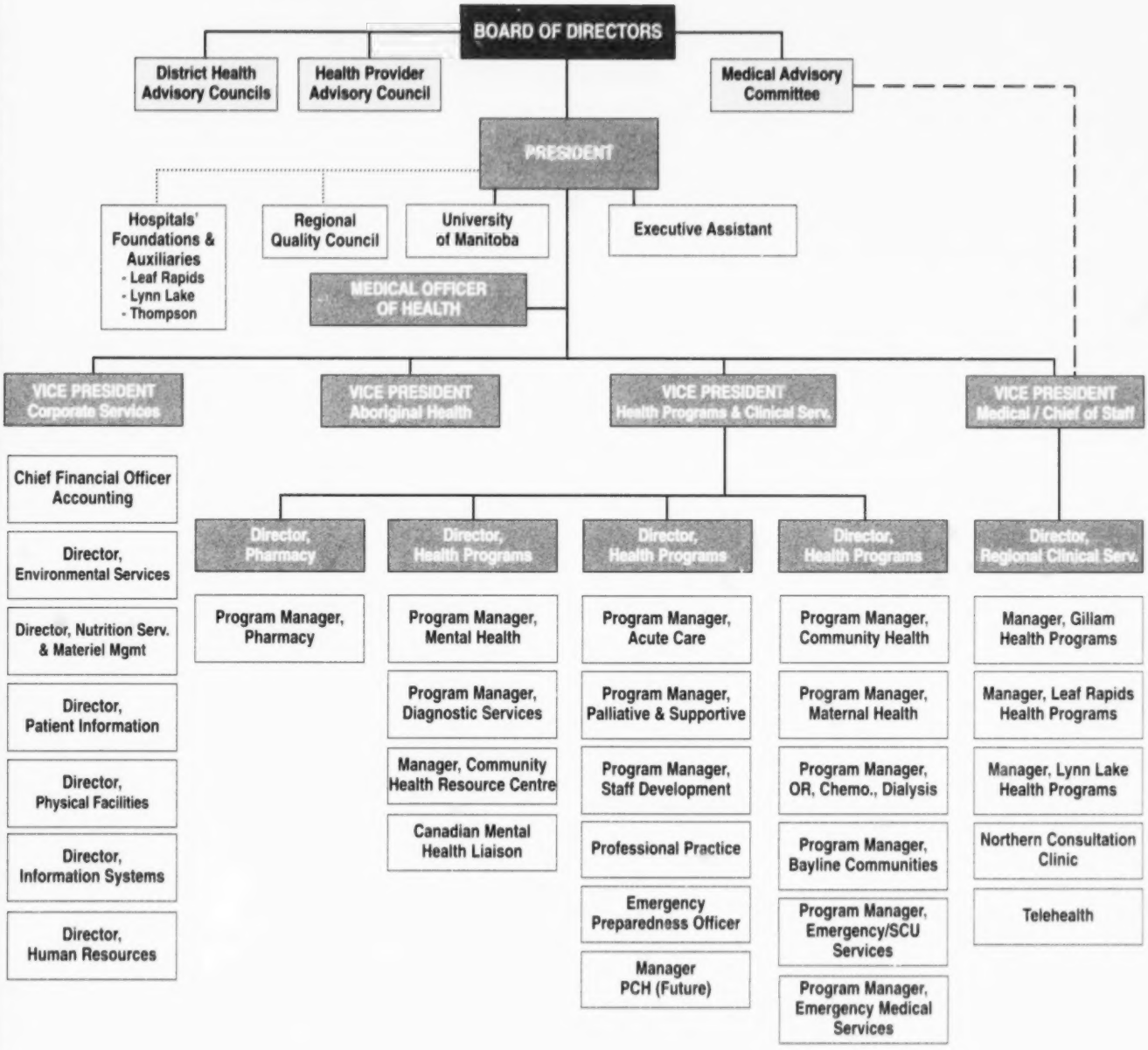
The Grass Roots Mentoring program provides mentors to support and advocate for women who are pregnant or recently post-partum and are living with an addiction to alcohol and/or other substances. The program has 2 mentors who are supported by a coordinator.

## SURGICAL SUITE

The purchase of a much needed gastroscope has allowed us to decrease the waiting time for this procedure.

Funding has just been approved for the purchase of Laprascopic Cholecystectomy instruments and video equipment, which are assets to decrease our Laprascopic Cholecystectomy waiting list.

# CORPORATE STRUCTURE




Revised June 2002

# STAFF

| NAME | TITLE |
|---|---|
| Bernett Alexander | Manager, Leaf Rapids Health Programs |
| Ed Azure | Manager, Regional Aboriginal Services |
| James Bentley | Director, Regional Clinical Services |
| Eileen Bray | Chief Financial Officer |
| Norma Charrière | Director, Health Programs |
| Linda Coles | Program Manager BCHRC (Interim) |
| Blair Connell | Director, Information Systems |
| Nancy D'Andreamatteo | Director, Environmental Services |
| Dr. Albert deVilliers | Medical Officer of Health |
| Marion Ellis | Director, Health Programs |
| Stan Franklin | Director, Health Programs |
| Ron Hill | Director, Physical Facilities |
| Lorraine Larocque | Program Manager, Community Health |
| Cathy Leahy | Manager, Lynn Lake Health Programs (Interim) |
| Michael Lummerding | Director, Food Services/Materials Management |
| Lee Manning | Director, Human Resources |
| Karen McClelland | President |
| Garry McFadden | Vice President, Corporate Services |
| Charlotte McIvor | Program Manager, Maternal Health |
| Ken McIvor | Program Manager, Human Resources, Aboriginal Employm't |
| Nancy Miller | Manager, Gillam Health Programs |
| Pearl Morris | Program Manager, Emergency Health Services |
| Rob Munro | Program Manager, Emergency Medical Services (Interim) |
| Linda Paynter | Program Manager, Acute Care |
| Vivian Salmon | Director, Patient Information |
| Pamela Seitz | Vice President, Health Programs & Clinical Services |
| Luba Shepertycky | Program Manager, Pharmacy |
| Linda Sundevic | Program Manager, Palliative, Rehabilitative & Supportive Serv. |
| Penny Thackeray | Director, Pharmacy |
| Tim Thompson | Program Manager, Mental Health |
| Vacant | Program Manager, Diagnostic Services |
| Nadine Volanski | Program Manager, OR & Ambulatory Care |
| Noreen Wallwin | Program Manager, Staff Development |
| Dr. Leigh Wincott | Vice President, Medical/Chief of Staff |
| Richard Zwiep | Program Manager, Bayline Communities |

## THROUGHOUT THE 2001/2002 YEAR

staff from the Burntwood Regional Health Authority had many opportunities to meet with various stakeholders and organizations within and outside of the region.

Monthly Board meetings are held Thompson on the last Thursday of the Month and are open to the public. Information regarding the time and place can be obtained through the Office of the President at 204-677-5353.

Board members and/or senior management staff have traveled to the following communities:

| | |
|---|---|
| Lynn Lake | Leaf Rapids |
| Gillam | Nelson House |
| Norway House | Shamattawa |
| Wabowden | |

Four of the six District Health Advisory Councils have been active in providing information to the Board and senior management, which has been valuable in planning. The First Nation's Advisory Council has been revitalized and is expected to provide much needed input to the Board. The people in Gillam are being encouraged to participate on the DHAC so that this community can also be represented.

The fund raising activities for the development of the Personal Care Home in Thompson have provided information on the services that will be provided from the Personal Care Home.

Advertisements in the local newspapers, radio station and community channels have provided residents with information concerning health care programs in their communities.

Residents and/or stakeholders are encouraged to report complaints and compliments to the Burntwood Regional Health Authority by contacting:

| | |
|---|---|
| President: | 204-677-5355 |
| V.P. Corporate Services: | 204-677-5310 |
| V.P. Health Programs & Clinical Services: | 204-677-5399 |
| V.P. Medical Services: | 204-778-1428 |

As required by all non-profit organizations, a disclosure of staff salaries in excess of $50,000 can be obtained through the Burntwood Regional Health Authority executive office at 204-677-5353.

# AUDITOR'S REPORT

Wawanesa Building
5th floor, 191 Broadway Ave.
Winnipeg, MB Canada R3C 3T8

**BDO Dunwoody LLP**
Chartered Accountants
and Consultants

To the Board of Directors
BURNTWOOD REGIONAL HEALTH AUTHORITY INC.

We have audited the balance sheet of BURNTWOOD REGIONAL HEALTH AUTHORITY INC. as at March 31, 2002 and the statements of operations, changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Tl. tandards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the organization as at March 31, 2002 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

BDO Dunwoody

Chartered Accountants
Winnipeg, Manitoba
May 30, 2002

# BALANCE SHEET

| March 31 | 2002 | 2001 |
|---|---|---|
| **ASSETS** | | |
| Current Assets | | |
| Deferred benefit entitlements (Note 1) | **$3,408,147** | $3,035,188 |
| Accounts receivable (Note 2) | **1,198,421** | 691,029 |
| Due from Manitoba Health (Note 3) | **121,395** | 2,454,215 |
| Inventories | **448,049** | 315,587 |
| Prepaid expenses | **329,790** | 155,099 |
| | **5,505,802** | 6,651,118 |
| **Capital assets (Note 4)** | **30,261,375** | 25,373,400 |
| **Deferred charges** | **1,203** | 1,925 |
| | **$35,768,380** | $32,026,443 |
| **LIABILITIES AND NET ASSETS** | | |
| **Current Liabilities** | | |
| Bank indebtedness (Note 5) | **$1,593,115** | $1,581,841 |
| Accounts payable | **2,454,811** | 2,761,140 |
| Deferred benefit entitlements (Note 1) | **3,408,147** | 3,035,188 |
| Deferred revenue (Note 6) | **552,614** | 492,556 |
| Lines of credit (Note 7) | **-** | 8,758,670 |
| Current portion of capital lease obligations (Note 9) | **93,933** | 93,933 |
| Current portion of long-term debt | **676,940** | - |
| | **8,779,560** | 16,723,328 |
| **Long-term debt (Note 8)** | **12,560,096** | - |
| **Capital lease obligations (Note 9)** | **1,541,624** | 1,631,120 |
| **Deferred capital asset grants (Note 10)** | **8,149,108** | 7,821,276 |
| | **31,030,388** | 26,175,724 |
| **Net Assets** | | |
| Net assets invested in capital assets (Note 11) | **5,884,311** | 6,355,595 |
| Net assets internally restricted | **196,375** | 196,375 |
| Unrestricted net assets | **(1,342,694)** | (701,251) |
| | **4,737,992** | 5,850,719 |
| | **$35,768,380** | $32,026,443 |

# STATEMENT OF OPERATIONS

| FOR YEAR ENDED MARCH 31 | 2002 | 2001 |
|---|---|---|
| **Revenue** | | |
| Amortization of deferred contributions | **$843,003** | $626,600 |
| Ancillary programs | **798,585** | 1,176,830 |
| Manitoba Health - budgeted income | **38,156,753** | 33,046,067 |
| Manitoba Health - out-of-globe income | **71,330** | 272,893 |
| NPTP recoveries | **1,201,245** | 1,338,371 |
| Other | **810,256** | 461,595 |
| Patient | **314,268** | 270,269 |
| | **42,195,440** | 37,192,625 |
| **Expenses** | | |
| Acute care services | **19,550,158** | 18,435,931 |
| Amortization of capital assets | **843,003** | 626,600 |
| Ancillary operations | **1,304,173** | 1,176,830 |
| Community based - health services | **2,945,066** | 2,854,209 |
| Community based - home care | **1,025,560** | 1,056,838 |
| Community based - mental health | **469,728** | 462,572 |
| Interest on long-term debt | **426,983** | 309,446 |
| Land ambulance | **227,928** | 241,516 |
| Medical remuneration | **10,610,917** | 10,174,023 |
| NPTP | **5,647,935** | 4,666,888 |
| Regional health authority | **1,124,025** | 1,346,515 |
| Support to seniors | **25,800** | 27,338 |
| | **44,201,276** | 41,378,706 |
| **Excess of expenses before other items** | **(2,005,836)** | (4,186,081) |
| **Other Items** | | |
| Amortization of net assets invested in capital assets | **(471,284)** | (595,643) |
| Manitoba Health - In-Globe | **-** | 1,187,837 |
| Manitoba Health - out of globe | **-** | 2,779,685 |
| Manitoba Health - past commitments | **1,364,393** | 218,559 |
| | **893,109** | 3,590,438 |
| **Excess of expenses for the year** | **($1,112,727)** | ($595,643) |

# STATEMENT OF CASH FLOWS

| For the year ended March 31 | 2002 | 2001 |
|---|---|---|
| **Cash Flows from Operating Activities** | | |
| Deficiency of revenues over expenses | **($1,112,727)** | ($595,643) |
| Adjustments for | | |
| Transfer to deferred contributions | **-** | (383,673) |
| Amortization of capital assets | **843,003** | 626,600 |
| Amortization of net assets invested in capital assets | **471,284** | 595,643 |
| Amortization of deferred contributions | **(843,003)** | (626,600) |
| | **(641,443)** | (383,673) |
| Changes in non-cash working capital balances | | |
| Accounts receivable | **(507,392)** | 211,119 |
| Due from Manitoba Health | **2,332,820** | (796,806) |
| Inventories | **(132,462)** | 88,551 |
| Prepaid expenses | **(174,691)** | 27,638 |
| Accounts payable | **(306,329)** | 716,481 |
| Deferred revenue | **60,058** | 20,168 |
| | **630,561** | (116,522) |
| **Cash Flows from Investing & Financing Activities** | | |
| Purchase of capital assets | **(6,202,262)** | (7,169,630) |
| Decrease in deferred charges | **722** | 723 |
| Loan advances | **13,383,591** | - |
| Bank loan payments | **(146,555)** | - |
| Increase (decrease) in capital lease obligations | **(89,496)** | 1,593,011 |
| Increase in deferred capital asset grants | **1,170,835** | 922,070 |
| Lines of credit | **(8,758,670)** | 4,120,252 |
| | **(641,835)** | (533,574) |
| **Decrease in cash & cash equivalents during the year** | (11,274) | (650,096) |
| **Cash and cash equivalents,** beginning of year | (1,581,841) | (931,745) |
| **Cash and cash equivalents,** end of year | **($1,593,115)** | ($1,581,841) |

# STATEMENT OF CHANGES IN NET ASSETS

**For the year ended March 31, 2002**

| | Invested in Capital Assets | Restriced Donations | Unrestricted | 2002 | 2001 |
|---|---|---|---|---|---|
| Balance, beginning of year | $6,355,595 | $196,375 | ($701,251) | **$5,850,719** | $6,830,035 |
| Transferred to deferred contributions | - | - | - | - | (383,673) |
| Excess of expenses for the year | (471,284) | - | (641,443) | **(1,112,727)** | (595,643) |
| Transfers from foundations & donations received | - | - | - | - | - |
| Balance, end of year | $5,884,311 | $196,375 | $(1,342,694) | **$4,737,992** | $5,850,719 |

**Burntwood**
**Regional Health Authority**
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DESIGN NORTH • THOMPSON, MB